

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08/14/08

Address: 2317 N. Jay St.

Case #: 16F18232

Kokomo, Indiana 46901

County: Howard

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
 Dumpsite (only)

Seizure Location (check all that apply)

- Residence
 Outbuilding
 Vehicle
 Hotel/Motel
 Open - No Structure
 Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): Open Air
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: Storage Shed
 Water Reactive Metal (Lithium): garbage outside
 Anhydrous Ammonia: Open air
 Hydrochloric Acid Gas Generator(s): garbage outside
 Corrosive Acid: storage shed
 Corrosive Base: _____
 Other (item and location): _____

Child under age 18 discovered (check one)

- Yes n/a (number present)
 No

*If yes, fax report to Child Protective Services

Investigative Information

- Ephedrine/Pseudoephedrine Tracking Log
 Retail/Merchant Tip
 Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Kokomo F.D.

Fax: 765-456-7580

Health Department: Howard Co.

Fax: 765-456-2292

Fax: _____

Child Protection Service: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: R.A. Burgess

Phone 765-473-6666

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.